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ABSTRACT

Every day, untrained individuals are called upon to intervene in crises. This paper presents a two-stage approach to crisis intervention, limited here to the immediate alleviation of symptoms and the rapid referral to qualified help. The first stage entails a crisis intervention model that is comprehensive enough to deal effectively with an immediate crisis, simple enough to be implemented by people who may have little or no training as counselors, and flexible enough to be useful for trained counselors whose training did not include crisis intervention. The second stage describes a workshop that teaches the crisis intervention model in enough detail to enable workshop participants to implement the model. The workshop is flexible enough to be offered in as little as 3 hours or as much as 8 hours, and at a level appropriate for a wide range of differently trained participants. It is meant to offer only the basics of crisis intervention. The model incorporates two important assumptions: (1) the people who would be using it would already have basic listening skills; and (2) anyone willing to listen in a caring, empathic way can intervene effectively in a crisis. (RJM)

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The P.L.A.C.E. Crisis Intervention Model: Emotional First-Aid

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Introductory Crisis Intervention

Part I The P.L.A.C.E. Model

After an especially gruelling call, a crisis-line volunteer told her supervisor, "I'm in the first year of a bachelor's degree. I'm just not qualified to do this." Her supervisor's response was, "Ideally, everyone here would have Ph.D.'s and decades of experience. The reality is that you have one crucial qualification that the people with the education and experience don't: you are here and they are not."

Introduction

Every day teachers, employment counsellors, non-counselling staff at residential treatment centres, parents, and hosts of other people are called upon to intervene in crises because they are seen as helpers, as trustworthy, or sometimes simply because they happened to be in the right place at the right time. Many of these people have no training, and little or no experience with crisis management, and find themselves having no more to guide them than guesses and pre-conceptions. Some of these methods end up being very effective and, without any training, these helpers make surprisingly good crisis intervenors. Sometimes, though, the anxiety or uncertainty associated with a crisis leads unwilling crisis intervenors to dismiss or ignore problems, to jump to problem solving without addressing the intense emotions that are a significant part of a crisis, or fail in some other way to thoroughly address the problem.

The approach presented here for addressing this problem consists of two stages. The first is to describe a crisis intervention model that is comprehensive enough to deal effectively with an immediate crisis, simple enough to be implemented by people who may have little or no training as counsellors, and flexible enough to still be useful for trained counsellors whose training simply did not include crisis intervention.

The second stage will describe a workshop that will teach the crisis intervention model in enough detail to allow workshop participants to implement it. At the same time, the workshop will be flexible enough to be offered in as little as three hours or as much as

eight hours, and at a level appropriate for a wide range of differently trained participants. Participants would be expected to have educational backgrounds ranging from graduate degrees in associated fields like education or administration, to partial high school. The minimum academic requirements will be basic literacy. The maximum limit will be decided only by the fact that this model is meant to offer only the basics of crisis intervention; people with more advanced training or experience specifically in crisis intervention may find it overly simple.

This model was built on two important assumptions. The first is that the people who would be using it (school-teachers, police officers, administrators, etc.) would already have basic listening skills. Basic listening skills is meant only to refer to the ability to listen in a caring, respectful way. This serves the dual function of shortening the time necessary to teach the model, and paving the way for the second assumption.

The second assumption is that anyone who is willing to listen in a caring, empathic way can intervene effectively in a crisis. The ability for people to do this has been solidly established by the success of suicide "hot-lines," teachers, parents, and other "accidental" intervenors; one cannot argue with success.

The reader must keep in mind at this point that this model was designed for crisis *intervention*, not crisis *counselling*. Counselling is a profession involving on-going contact directed not only at managing the crisis, but also at changing those aspects of the client's situation or personality that have led to the occurrence of the crisis. It also requires specific post-secondary education, and significant practical experience to be implemented in a safe and useful manner. Crisis intervention, as it is described in this paper, is limited to the immediate alleviation of symptoms, and rapid referral to qualified help. The relationship between crisis intervention and crisis counselling can be compared to the relationship between first-aid and a doctor's care.

All that is left, then, for someone with the requisite communication skills to intervene in a crisis is the belief that she can. This workshop is primarily directed, not at

the dissemination of any new knowledge, but at the restructuring of old knowledge in such a way that the intervenor has confidence in her ability to intervene competently even under the pressure of a crisis.

During this paper, the term "client" will be used to refer to a person in crisis and the term "intervenor" will be used to refer to anyone involved in a crisis intervention. Also, in the interests of avoiding exclusionary language, the author has alternated between male and female pronouns.

Defining Crisis

Crisis has been defined in many ways by many people. While varying substantially in the complexity of their wording, these definitions end up being surprisingly similar.

Some of the more complex definitions include Greenstone and Leviton (1993), who use a complicated three-dimensional cube that takes into account many aspects of a crisis situation including time, stress, "Crisis Onset Point," and resources, or Caplan (1961, quoted in Imber & Evanczuk, 1990), who tells us that a crisis exists "when a person faces an obstacle to important life-long goals that is, for a time, insurmountable through the utilization of customary methods of problem solving. A period of disorganization ensues, a period of upset, during which many abortive attempts at solution are made."

At the other end of the spectrum is the definition of crisis intervention given by Ewing (1990). "In a generic sense, *crisis intervention* has come to mean virtually any effort to help another person cope with some particularly stressful life event or situation."

All of these definitions include a stressful event, and difficulty coping with that event. While there were other elements contained in the definitions studied, the complexity introduced by these extra components was considered beyond the scope of this paper.

Another characteristic that is implied in most definitions, although stated overtly in only two (Belkin, 1984; Ewing, 1990) is subjectivity. In Ewing's words: "If the person *perceives* a situation as threatening the satisfaction of some fundamental need(s) and

circumstances are such that habitual problem-solving methods are inadequate for mastery within a reasonable period of time, his/her reaction will be one of crisis." (italics added).

If we combine these three elements, we can define a crisis as *a situation experienced by a person as being distressing and in which that person's present coping abilities are inadequate.*

This definition was chosen because it is as complete as is necessary for the purposes of this model, and at the same time it offers a simplicity that many of the other definitions do not. While Caplan's definition is comprehensive, it is unnecessarily complex and while Ewing's is simple, it is incomplete.

The Model

As with the definition of crisis, the crisis intervention model described in this paper was taken from several sources. The elements which were overly advanced, complex or unnecessary for the practice of crisis intervention at this level were discarded. Those that were left were organized in the following manner.

Surprisingly, of all of the sources that were considered appropriate for this project, the only ones that made mention of risks to the client's physical health were paramedical or first-aid texts (Grant, Murray, & Bergeron, 1986; St. John Ambulance, 1990; Canadian Red Cross Society, 1994).

Never-the-less, physiological needs is the primary level on Maslow's Hierarchy of Needs (Kalat, 1990), and basic common-sense suggests that a brilliantly implemented psychological intervention is useless to a client who has already died. Because of this, assessing for risk of **Physical Harm** was considered the first step.

The next step upon which all sources seem to agree was listening to the client. In the text provided for their first-aid courses, the Canadian Red Cross Society (1994) lists the first step of helping someone manage emotional problems as "Encourag[ing] the person to

talk with you and share his or her feelings. Listen sympathetically and do not try to talk the person out of the feelings."

Listening in a non-judgmental, open manner is, therefore, the next step in this model. It cannot be overemphasized that, once the safety of all involved has been ascertained, the primary role of the intervenor is to *listen.* It is very common for intervenors to jump too quickly to solutions (Greenstone & Leviton, 1990), or to try to reassure the client unrealistically or too quickly (Belkin, 1984). If the reader will recall the definition of crisis, the client is in crisis precisely because his coping strategies are not sufficient to deal with the situation at hand; he is facing an inability to control his situation. By not listening to the client, the intervenor is excluding him from the process of dealing with the situation and taking even more control away from the client. In doing that, the intervenor can easily compound the problem she intended to solve.

The purpose here is to have the client vent his feelings, tell someone why he is upset, and feel understood and cared about. This relieves emotional distress, builds rapport between client and intervenor, and helps both client and intervenor to develop a clearer understanding of the situation.

After the client has vented her emotions, and both client and intervenor are clear about what has happened, a brief **Assessment** must be completed. The purpose of this assessment would be limited, first, to determining what specific problems need to be addressed and, second, to what solutions are available to address them. Nothing else should be being assessed as nothing else is needed to deal with the immediate crisis. The time to look at other elements of the client's inter and intra-personal situation is after the crisis has been resolved.

Once several alternatives have been suggested, the client and intervenor will need to **Choose** the best solution that is within the client's capabilities. Often the confusion and emotional upset that the client is going through make it more difficult for the client to

function (Ewing, 1990). The intervenor and the client need to keep this in mind when choosing alternatives.

In addition to being within the client's capabilities, these solutions need to be focussed enough that the client has some specific course of action; vague or ambiguous plans like "talk to someone" can leave a client lost. "I will phone my parents tomorrow morning when I wake up" would be much better.

Even if the situation is such that the client does not consider any referral necessary, the fact that this is crisis intervention and not counselling suggests a need for the client to always be given a specific referral to a better-trained resource. A crisis hot-line, local counsellor, clergy, etc. could all be appropriate. This referral would serve the dual purpose of ensuring the client access to further help if necessary, and offering the intervenor some protection from accusations of abandonment.

Finally, Greenstone and Leviton (1993), Ewing (1990), and Belkin (1984) all describe the need for some kind of follow-up and evaluation. This step offers the opportunity to assess the impact of the intervention and to get feedback on the intervenor's performance (Ewing, 1990).

Evaluation occurs in two stages. The first will be an immediate determination of the impact of the intervention on the client. Does the client feel more able to deal with the situation? Does the client have a plan for the next few hours, and for the next few days? Is the client calmer, and more in control? And, finally, does the client know who to turn to for help now? If the client answers "no" to any of these questions, then the intervention is not complete.

The second stage of follow-up takes place after the immediate crisis has been resolved. It consists of a debriefing discussion with someone and, where appropriate, a follow-up discussion with the client. While this stage sometimes results in additional support being provided to the client, its primary purpose is to offer the intervenor a chance to evaluate his performance and, when debriefing with a friend, supervisor or counsellor,

the chance to deal with his own emotional reaction to the crisis. Remember when following up with the client, that support offered the next day runs the risk of turning into counselling rather than intervention.

Conclusion

The titles of each step of this model were chosen to create the acronym P.L.A.C.E.

1. Physical harm
2. Listen
3. Assess
4. Choose
5. Evaluate

The reason for this relates to the assumption that most people have the communication skills necessary to intervene in a crisis. This acronym is intended to provide non-counselling crisis intervenors with a framework around which they can build their intervention. This is, in turn, intended to encourage appropriate levels of confidence which, if the underlying assumptions of this model are true, is all that is necessary for most people to be competent crisis intervenors.

Part II - The P.L.A.C.E. CRISIS INTERVENTION WORKSHOP

Introduction

The purpose of this workshop is to introduce participants to the phenomenon of emotional crisis, to give them guidelines as to when it is appropriate for them to intervene, and to give them an easy to remember and easy to implement framework around which to structure an intervention.

An outline of the workshop will be presented with a rationale, goals and suggested activities for each stage. First, the introduction, consisting of the agenda, the scope and limitations of the material presented, as well as the introductions of the facilitator and the group members will be described. Then the goals of the workshop and the method for pre and post-testing will be discussed. Next, the definition and recognition of crises will be covered. Guidelines for determining when an intervention would be appropriate will be offered, and the crisis intervention model described earlier in this paper will then be presented and role played. Finally, community resources and referral will be described, there will be a brief talk on self-care, any final questions will be answered and the workshop will be concluded.

Workshop Introduction

First, as in most initial meetings, the facilitator will introduce him or herself. Then the agenda will be covered briefly.

Next the participants will introduce themselves. While any number of introduction exercises would work at this point, the following was seen as being particularly appropriate.

Participants will break off into pairs, learn their partner's name and two interesting things about their partner, and then present this to the group. This exercise was considered appropriate because it involves a minimum of risk, while still introducing participants to each other.

The introductory stage would conclude with a description of the limitations of the model. Crisis intervention as it is used in this paper is limited to interventions carried out immediately upon the discovery of the crisis and before professional crisis-intervention staff can be called. Crisis intervention is defined this way in order to separate it from crisis counselling, which involves longer term contact in an attempt to resolve the underlying situational factors or personality traits that lead to crisis (Ewing, 1990). The reason for separating these two is that, while lay-people can be adequately trained in a brief period of time to intervene in a crisis, counselling is a more complex process which requires specific post-secondary training. As Greenstone and Leviton (1993) put it "Management, not resolution, is the intervener's goal..." By separating intervention and counselling it is hoped that the participants will be less likely to mistake this workshop for a counselling course, and that they will understand some of the dangers associated with counselling being done by untrained people

For this section, the chart in Appendix "A," describing some of the differences between intervention and counselling, can be drawn for participants, or the headings can be written on a chalkboard or flipchart with the differences to be suggested by the participants.

The facilitator might also choose to do the same exercise with a list of the dangers of unqualified people attempting to counsel.

It should be noted that a facilitator who chooses to have the group list the elements of a topic is still responsible for ensuring that the lists are complete.

Goals

The pre and post-testing for this workshop would be done by having participants list their goals. This serves the dual purpose of providing a method of pre and post testing, and providing an opportunity to discover and address unrealistic expectations on the part of participants.

The list will be done either by having the facilitator write goals on a flipchart as they are called out by participants, or by having participants form small groups and list their own goals. While the first method would be less time consuming, the second might be more complete, and would serve to introduce participants to working with each other in small groups.

A third alternative for use with larger groups or less liberal time restrictions is to have already prepared a list of the following goals:

1. Participants will be able to differentiate between crisis intervention and crisis counselling.
2. Participants will understand what a crisis is and how to recognize one.
3. Participants will be able to determine when intervening is appropriate and when it is not.
4. Participants will be able to manage crises at a skill level appropriate to their level of training.
5. Participants will be aware of how to find and access community resources.
6. Participants will be aware of the need for and process of self-care.

Any of these three methods of determining goals can be used in any combination. This is one of several points in this workshop at which the facilitator can adjust the length of time and level of completeness to suit the needs of the participants.

Defining Crisis

In order to deal with a problem effectively, it helps to know specifically what that problem is. Crisis, as defined in Part I of this paper, is *a situation experienced by a person as being distressing and in which that person's present coping abilities no longer work.*

This definition was deliberately written to be very broad, in order to reflect the individual nature of crises. The techniques presented here will work just as well with someone who as just been sexually assaulted as they will with someone who is mildly upset because a pet died.

As with the determination of goals, there is substantial latitude in the amount of time a facilitator may choose to spend on this activity. An alternative to defining crisis for participants would be to have participants define it themselves in small groups or as a whole.

Recognizing a Crisis

This section of the workshop can be presented in much the same way as the section on defining a crisis, with the facilitator choosing to have the group decide how to recognize a crisis, present a checklist herself, or combine these two methods.

Someone in crisis will often show it very obviously. He may cry, scream, pace or display other body language that indicates upset. Someone in crisis may be even more obvious by coming right out and telling those around her that she is feeling overwhelmed, or does not know how to handle the situation she is in.

A person in crisis may also not display it overtly. Anything from shock or denial, to social taboos against expressing emotions could keep someone from admitting that they are having trouble dealing with a given situation.

Crises can generally be recognized in two ways. The first is for the victim of the crisis to tell the intervenor. This is generally the easiest for intervenors to deal with as the client is asking for and, at some level or another, open to accepting help.

The second indicator of a crisis comes from the situation. The intervenor may see the situation as being traumatic enough that it will very likely have caused upset to those involved. This is less common and, when in this situation, the intervenor must pay attention to the ethics and appropriateness of a crisis intervention. These will be described in the next section of the workshop.

To Intervene, or Not To Intervene

When deciding whether or not to intervene in a crisis, several questions must be answered. The first is "Can I help?" If the intervenor simply does not have the skills to do anything to resolve a crisis, then his efforts to help will be ineffective.

Is the intervenor at risk of physical harm? If so, then police, ambulance, fire-rescue, etc. would be more appropriate. An injured intervenor can rarely contribute to a rescue effort, and will generally hamper it.

Is someone more qualified going to intervene? If someone more able to deal with the situation is available and willing to help, the intervention should be limited to offering assistance to that person.

Finally, does it pass the "Better-than-nothing" test? The ability of human beings to deal with unimaginably difficult situations can be truly amazing. A potential intervenor must ask herself if an intervention performed at her skill level is likely to do more harm than good. A chaotic family that has one week left before an appointment with a competent family therapist is not likely to benefit from an intervenor's efforts to stabilize communication patterns. They have likely managed for a long time as a dysfunctional family, and one more week will probably not do any more damage than has already been done. A poorly planned or executed intervention, though, runs the risk of completely upsetting the precarious balance that has been achieved by this family. In this case, the intervenor is better off to limit his intervention to encouraging the family to keep their appointment.

The following is a quick checklist for determining the appropriateness of intervening.

1. Is this beyond my abilities?
2. Am I putting myself in danger?
3. Is anyone with better qualifications available?
4. Does this pass the "Better-than-nothing" test?

There are only three situations where action is required irrespective of what other factors exist. The first is with a suicidal client. If someone is at high risk of suicide, call the police or an ambulance. If you are unsure whether the client is high enough risk to warrant this sort of intervention, call the police, ambulance, hospital or crisis phone line and ask. If you are still unsure, remember that it is better to err on the side of safety.

The second instance is if you are seeing a crime being committed. Call the police. Few participants in a workshop at this level are qualified to determine whether someone should be arrested or not and, as with suicide, it is better to err on the side of safety.

The final situation in which client consent is not taken into account is any time when it is believed that a child is in danger. *Anyone who believes that a child is at risk has a legal obligation to report that to Child Welfare.* Child Welfare can be reached through any provincial office, the police, the RITE telephone system, etc. The importance of this from a legal, ethical or psychological point of view cannot be overemphasized.

The intervenor should keep in mind, though, that the requirement to intervene does not necessarily mean she has to place herself "on the firing line." In these cases, calling the police is the indicated intervention. Anything else can place the intervenor in serious jeopardy.

Dealing With the Crisis

This model of crisis intervention offers a step-by-step process that is easy to remember. It is based on common-sense and uses the skills that most people already have.

The steps make the acronym P.L.A.C.E. and are:

1. **Physical harm.**
2. **Listen to the client**
3. **Assess the situation**

4. **Choose a solution**
5. **Evaluate its effectiveness**

Physical Harm: Is the intervenor, the client, or anybody else in immediate physical danger? If so, call 911, leave the scene, or do whatever else in necessary to ensure everyone's safety. The most skillfully executed intervention in the world is useless to a dead client and, while an skilled intervenor can be an asset, an injured one is generally only a liability.

The group can be asked questions such as "How would you determine if someone was in physical danger?" This could be turned into a discussion that would, hopefully, give participants the opportunity to generate some general guidelines for themselves.

Participants should be told that first-aid and CPR certification can be a very valuable addition to the knowledge they will gain through this workshop. The Canadian Red Cross and St. John Ambulance both offer very credible and well-recognized courses.

Listen to the client. While the other elements of crisis intervention are still necessary, listening is the primary tool used by a crisis intervenor. A person who feels understood and cared about will feel a certain emotional safety and, therefore, will generally be much more able to deal with an overwhelming situation.

While it is assumed that the participants have the basic communication skills necessary to intervene in a crisis, there are two issues that are common enough to warrant addressing here. The first is the issue of judging. Global assessments of a client as lazy, immoral, sick, etc. make an effective intervention almost impossible. Such judgments close the avenues of communication, making the client feel defensive and the intervenor feel an aversion to working with the client.

Another mistake, that is, in the author's experience, as common as it is dangerous, is "calling a bluff." According to this line of thinking an intervenor who does not believe a client will commit suicide (or carry through on some other threat) can diffuse the situation

by telling the client to "go ahead" thus forcing the client to back down. This is dangerous, and foolish as it creates a situation in which the client faces a lose-lose dilemma. The client must either suicide which, if he were only looking for attention, is not what he wants, or he must back down and face the ridicule of the intervenor.

This dynamic, in turn, puts the intervenor in a position where her options will be for the client to suicide, which presumably is not what the she wants, or for the client to back down, in which case little is gained except for the opportunity for the intervenor to feel a certain power and dominance over the client. The client is angry, embarrassed, and totally closed to communication. Therefore, the only possible advantage to be gained by calling someone's bluff is for the intervenor to feel the rush of a few seconds of supremacy from having humiliated the client; not much of an advantage considering the potential losses.

Listening will help the client understand his predicament, deal with his emotions, and solve his own problems (with or without the help of others). The help provided by listening would be difficult to over estimate.

In order to demonstrate this, the facilitator may choose to have participants pair off and have one person tell a story while the other deliberately tries to be a poor listener. They will then try the same conversation, but with the listener showing respect and interest. This is a fun way of showing participants the value of listening well.

Assess the situation. What specific problems need to be solved? It can sometimes be difficult to figure this out. Some people's lives are so complex and so disorganized that narrowing the discussion down to one specific problem can be difficult or impossible. It can be useful to find out from the client which single problem is most important. The degree to which the client's life is disorganized can also be the main problem. The solution to this will be to refer her to a counsellor.

It is generally useful to discuss at least one problem that the client can solve right away, though. This provides the client with evidence that he does have a degree of control over his environment, and it offers hope that may be all but lost during the crisis.

Then ask "what solutions are available?" This may require a step like calling an appropriate resource to find out what solutions exist. Ensure that the solutions you explore are simple enough that the client will actually be able to implement them. If the client cannot do whatever it is that the intervenor has suggested, the solution will have limited value and can even worsen the situation by contributing to the client's feelings of helplessness.

It is often helpful to list all possible alternatives. This helps both client and intervenor to understand more clearly what the client is and is not willing to do to manage her problem. The process of listing unrealistic possibilities can also spark workable ideas. Questions such as: "What has worked before in this sort of situation?" can also be helpful.

A useful exercise in this process could be to have participants break into small groups and then brainstorm solutions to obscure or unusual problems. These problems can be written down beforehand so that the facilitator only has to hand them out.

Choose a solution. Once all possible alternatives have been listed, client and intervenor collaborate to choose the solution that will do the most good given the client's capabilities. While the intervenor can offer suggestions and ideas, it is important to remember that this is the client's problem, and the client has to deal with the consequences of the selected solution, therefore the client must choose which solution to try.

Ensure that whatever solution is chosen, the client has a referral that can be accessed should another crisis arise.

Evaluate. Evaluation occurs in two stages. The first will be an immediate determination of the impact of the intervention on the client. Does the client feel more able to deal with the situation? Does the client have a plan for the next few hours, and for the next few days? Is the client calmer, and more in control? And, finally, does the client

know who to turn to for help now? If the client answers "no" to any of these questions, then the intervention is not complete.

The second stage of follow-up takes place after the immediate crisis has been resolved. It consists of a debriefing discussion with someone and, where appropriate, a follow-up discussion with the client. While this stage sometimes results in additional support being provided to the client, its primary purpose is to offer the intervenor a chance to evaluate his performance and, when debriefing with a friend, supervisor or counsellor, the chance to deal with his own emotional reaction to the crisis. Remember when following up with the client that support offered the next day runs the risk of turning into counselling rather than intervention.

Having participants discuss questions like "Why is debriefing necessary?" can be very useful. Discussion about suitable methods of debriefing or stress management can also be very helpful.

Facilitators should, at this point, encourage participants to consider whether the memorization of the P.L.A.C.E. acronym, or simply remembering its general guidelines would be most effective for them.

Role Plays

Once the participants understand the model and feel comfortable with it, they will be given crisis scenarios to role play.

The facilitator will first set out some rules for role playing. A sample list could include:

1. "Clients" keep the scenario realistic and fairly simple. This is a practice session, not a contest to see how much participants can confuse each other.

2. Feedback comes from the "Intervenor" first, then the client and then any observers. The "Intervenor," as a rule, is taking the biggest personal risk.

3. A workshop is a place to learn. Mistakes are to be expected and can be very valuable. Because of this, participants are encouraged to try something even if they think they will make mistakes.

4. Participants who are feeling "lost" will be free to stop the role play and discuss the situation with observers and the facilitator.

Participants should be given a time limit for each role play. This time limit will depend on the time constraints for the workshop as a whole, but in any case should not be more than five minutes. See Appendix "B" for a list of possible situations.

Participants will then break off into groups of at least three people. This allows for a client, an intervenor and an observer. Groups should be limited to no more than five, though, to ensure that each participant has a chance to be in the role of intervenor.

Each role play will consist of the role play itself, comments from the intervenor about what he did well and what he would want to change next time, feedback from the "client" about how the intervenor did and then feed back from the observers.

Once role plays are complete, everyone will return to the main group and the participants' experiences will be discussed.

Community Resources

Finding specific resources to help with obscure or especially difficult problems can be complex and frustrating, or a simple process requiring nothing more than a little thought and some patience. Intervenors first ask themselves who would know about the concern at hand. They then talk to that person/agency, asking if the necessary help is available there. If it is not, they ask that resource for other sources of information. These sources are then asked the same questions. This continues until the most suitable resource available is found. It sounds very simple, but it is a very effective way of finding the most suitable referral.

Appendix "C" is a poster put out by Lethbridge Family Services that could be very useful here. Resources described range from fairly general, crisis-oriented resources, to more specific support services.

Facilitators may choose, at this point, to try an exercise that is very similar to the one suggested for the **Assess** stage of the intervention. Participants, in small groups, will get slips of paper with an unusual problem area written on it. They will then come up with a plan for finding an appropriate and specific resource to refer the client to. The facilitator may want to emphasize that participants are looking for resources that are specific to the problem described; anyone can be referred to a hospital emergency room!

An important note in this section which has been discussed before but that warrants repeating: Facilitators must make a specific point of informing participants that everyone in Alberta has a legal obligation under the Child Welfare Act to report any child abuse that comes to their attention. They can reach Child Welfare by phoning any provincial government agency, the police, ambulance services, hospitals, or any other crisis resource.

Self-Care

Self-care is an important, but often overlooked, aspect of crisis intervention. A crisis can have physical and emotional impacts that last much longer than the crisis itself.

While self-care is a concern throughout an intervention, it will, as a rule, only become the main focus of the intervenor's attention after the crisis is resolved. Self-care activities would include talking to someone about the intervenor's emotions during the crisis, taking a few minutes to concentrate on relaxing, taking a hot bath, etc. Anything that will help the intervenor release the tension that has built up during the crisis can be immensely valuable.

It may also be helpful for the intervenor to debrief with a counsellor. Talking about how she felt, what she did, and what mistakes were made can help improve crisis

intervention skills and the intervenor's overall impression of (and satisfaction with) her performance during the crisis.

A progressive relaxation exercise at this point in the workshop would serve the dual purpose of showing participants a widely used relaxation technique, and ending the workshop in a very pleasant, peaceful way.

Conclusion

First, participants would be told about opportunities to continue their education. These opportunities would include college or university courses, volunteering for crisis agencies, suitable readings, workshops, etc.

Then, any final questions would be answered.

Finally evaluation forms would be filled out. A sample evaluation form is provided in Appendix "D."

Appendix "A" - Crisis Intervention vs. Crisis Counselling

Crisis Intervention	Crisis Counselling
Time, place, and circumstances are unplanned	Happens most frequently in the counsellor's office and by appointment.
Is done by teachers, parents, friends, co-workers; anyone the client trusts enough to approach.	Is done by counsellors with specific post-secondary education.
Solutions are short-term (hours or days).	Solutions tend to be longer term (weeks, months, or years).
Emotions and physical risk are generally at a peak.	Emotions and physical risk are often less intense.
Can be done with limited theory.	Requires a solid theory base.

Appendix "B" - Role Play Scenarios

1. Fifteen-year-old high school student thinks she is (or actually is) pregnant and approaches her teacher.

2. A 75 year-old man is talking to a nurse or doctor just after he was told that his wife has died.

3. A friend is upset because his/her marriage is about to break up.

4. Knowing that you have taken this Crisis Intervention workshop, a friend calls you from his sister's house. His sister has just been badly beaten by her husband, who then stormed out of the house. The sister doesn't know what to do.

5. Someone calls a crisis phone line because she is suicidal; her life is going nowhere and she doesn't see the point in living. She mentions at one point that she has "taken her pills." ("Pills" does not necessarily mean an overdose; it could just be her daily medication.)

6. Your 12 year-old nephew's beloved pet puppy just got hit by a car.

7. Your son and his 10 year-old friend are playing in your yard. Dinner is almost ready so you invite the friend. He says, "Thanks, but I'm not allowed anything to eat all weekend." When you ask why, he answers that it is his punishment for not feeding his pet gerbil. When you try to ask more questions, he stares at the ground and just shrugs his shoulders.

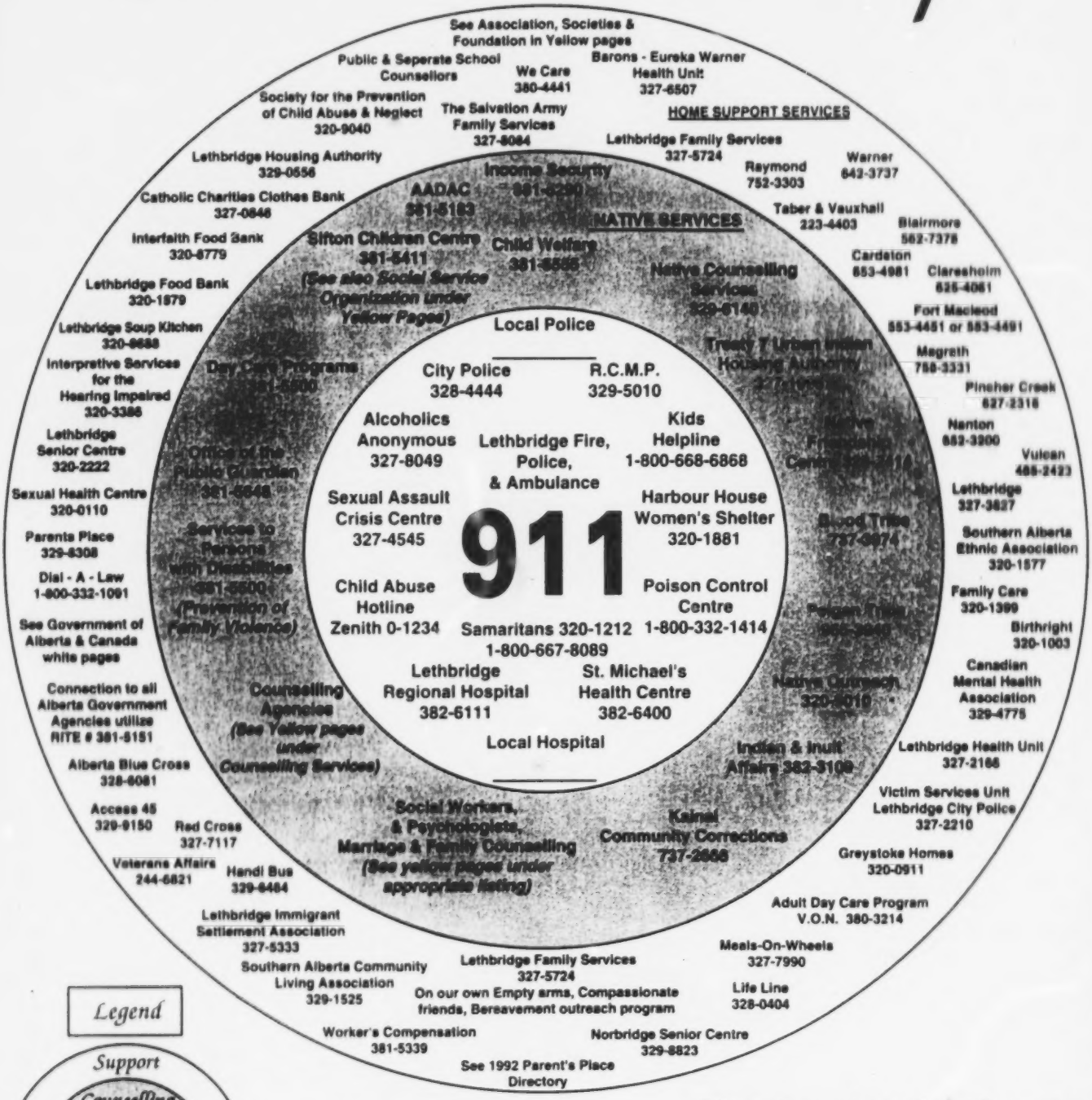
8. One of the clients where you work just found out he/she is HIV positive.

9. A student has come to you upset because of an abortion she had six months ago. She is feeling guilty and doesn't know if she should be feeling that way. (Beware of value conflicts.)

10. At the park where you volunteer, someone runs up to you in a panic because their child is missing.

Appendix "C" - Resources in the City of Lethbridge

We Can Help


See Association, Societies & Foundation in Yellow pages
Public & Seperate School Counsellors
We Care 380-4441
Barons - Eureka Warner Health Unit 327-6507
Society for the Prevention of Child Abuse & Neglect 320-9040
The Salvation Army Family Services 327-8084
HOME SUPPORT SERVICES
Lethbridge Housing Authority 329-0556
Lethbridge Family Services 327-5724
Raymond 752-3303
Warner 642-3737
Catholic Charities Clothes Bank 327-0846
AADAC 381-5163
Income Security 381-5230
NATIVE SERVICES
Taber & Vauxhall 223-4403
Blairmore 562-7378
Interfaith Food Bank 320-8779
Sifton Children Centre 381-5411 (See also Social Service Organization Under Yellow Pages)
Child Welfare 381-5555
Native Counselling Services 329-6140
Cardston 653-4981
Claresholm 625-4081
Lethbridge Food Bank 320-1579
Local Police
Fort Macleod 553-4451 or 553-4491
Lethbridge Soup Kitchen 320-9668
Day Care Programs 381-5500
City Police 328-4444
R.C.M.P. 329-5010
Megrath 758-3331
Interpretive Services for the Hearing Impaired 320-3386
Pincher Creek 627-2316
Alcoholics Anonymous 327-8049
Lethbridge Fire, Police, & Ambulance
Kids Helpline 1-800-668-6868
Nanton 652-3300
Lethbridge Senior Centre 320-2222
Office of the Public Guardian 381-5648
Vulcan 485-2423
Sexual Assault Crisis Centre 327-4545
911
Harbour House Women's Shelter 320-1881
Lethbridge 327-3627
Sexual Health Centre 320-0110
Services to Persons with Disabilities 381-5500
Southern Alberta Ethnic Association 320-1577
Parents Place 329-8308
Child Abuse Hotline Zenith 0-1234
Samaritans 320-1212 1-800-667-8089
Poison Control Centre 1-800-332-1414
Family Care 320-1399
Dial - A - Law 1-800-332-1091
(Prevention of Family Violence)
Birthright 320-1003
See Government of Alberta & Canada white pages
Lethbridge Regional Hospital 382-6111
St. Michael's Health Centre 382-6400
Canadian Mental Health Association 329-4775
Connection to all Alberta Government Agencies utilize RITE # 381-5151
Counselling Agencies (See Yellow pages under Counselling Services)
Local Hospital
Native Outreach 320-3010
Lethbridge Health Unit 327-2166
Alberta Blue Cross 328-6081
Indian & Inuit Affairs 382-3109
Victim Services Unit Lethbridge City Police 327-2210
Access 45 329-6150
Red Cross 327-7117
Social Workers, & Psychologists, Marriage & Family Counselling (See yellow pages under appropriate listing)
Kainai Community Corrections 737-2668
Veterans Affairs 244-6821
Handi Bus 329-6484
Greystoke Homes 320-0911
Adult Day Care Program V.O.N. 380-3214
Lethbridge Immigrant Settlement Association 327-5333
Meals-On-Wheels 327-7990
Southern Alberta Community Living Association 329-1525
Lethbridge Family Services 327-5724
On our own Empty arms, Compassionate friends, Bereavement outreach program
Life Line 328-0404
Worker's Compensation 381-5339
Norbridge Senior Centre 329-8823
See 1992 Parent's Place Directory
Legend
Support
Counselling
24 Hr.

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Appendix "D" - Sample Evaluation Form

1. What did you like most about this workshop? Least?_____

2. Did you learn what you wanted to learn? Why or why not?_____

3. What could be added to, removed from, or modified in the workshop to improve it?___

4. What could be added to, removed from, or modified in the facilitator's presentation style to improve it?_____

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